

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF TENNESSEE

Case number (if known)

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

MICHAEL

First name

KEITH

Middle name

Bring your picture identification to your meeting with the trustee.

HOLLAND

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

TRACEY

First name

RENEE

Middle name

HOLLAND

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-3761

xxx-xx-7160

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number *(if known)*

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**124 AGEE CIRCLE E
HENDERSONVILLE, TN 37075**

Number, Street, City, State & ZIP Code

SUMNER

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** No.
 Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No
 Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. **Do you rent your residence?** No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>		
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ MICHAEL KEITH HOLLAND
MICHAEL KEITH HOLLAND
 Signature of Debtor 1

Executed on September 16, 2019
 MM / DD / YYYY

/s/ TRACEY RENEE HOLLAND
TRACEY RENEE HOLLAND
 Signature of Debtor 2

Executed on September 16, 2019
 MM / DD / YYYY

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.

/s/ MATTIE BHELA

Signature of Attorney for Debtor

Date

September 16, 2019

MM / DD / YYYY

MATTIE BHELA 022680

Printed name

ROEHRIG AND BHELA, LLC

Firm name

115 PUBLIC SQUARE

GALLATIN, TN 37066

Number, Street, City, State & ZIP Code

Contact phone **615-452-9400**

Email address

roehrigassociates@comcast.net

022680 TN

Bar number & State

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND		
	First Name	Middle Name	Last Name
Debtor 2	TRACEY RENEE HOLLAND		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 25,048.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 25,048.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 24,865.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 24,865.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 303.98
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 303.98
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 41,845.30
		Your total liabilities \$ 67,014.28

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 3,989.17
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 3,989.17
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 3,989.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 3,989.00

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,727.52

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>303.98</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>303.98</u>

Fill in this information to identify your case and this filing:

Debtor 1	MICHAEL KEITH HOLLAND		
	First Name	Middle Name	Last Name
Debtor 2	TRACEY RENEE HOLLAND		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE			
Case number _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: **HYUNDAI**
 Model: **ELANTRA**
 Year: **2016**
 80,000
 Approximate mileage: **APPROX.**
 Other information:
**REAFFIRM WITH AMERICAN
CAR CENTER**

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$11,575.00	\$11,575.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for
 . pages you have attached for Part 2. Write that number here.....=>

\$11,575.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the
portion you own?**
 Do not deduct secured
 claims or exemptions.

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

LIVING ROOM \$500, KITCHEN TABLE \$100, BEDROOM #2 \$200, W/D \$400, SMALL APPLIANCES \$100 LINENS AND TOWELS \$100, GLASSWARE AND DISHES \$100, POTS AND PANS \$100, VACUUM \$200, FLATWARE \$50	\$1,850.00
--	-------------------

BEDROOM SET WITH CONN'S APPLIANCES, INC (OVER 5 YEARS OLD) REDEEM-CONN'S	\$200.00
---	-----------------

(1) BOX TV (STARTED DOING BUSINESS MANY YEARS AGO AND THIS IS ALL HE REMEMBRES PLEDGING AS COLLATERAL) WORLD FINANCE	\$50.00
---	----------------

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

(3) TVs \$400, MISC ELECTRONICS \$100, (3) SMART CELL PHONES \$600, COMPUTER AND ACCESSORIES \$500 (PURCHASED FOR DAUGHTER'S SCHOOLING RESEARCH), (1) IPAD \$200	\$1,800.00
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8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

NECESSARY CLOTHING	\$500.00
---------------------------	-----------------

CLOTHING FOR BOTH	\$500.00
--------------------------	-----------------

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Debtor 1 **MICHAEL KEITH HOLLAND**
Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

 Yes. Describe.....**WEDDING SET \$1000 AND HUSBAND WEDDING BAND \$300****\$1,300.00****13. Non-farm animals**

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....**1 SHIHTZU****\$300.00****14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$6,500.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

**CHECKING ACCOUNT WITH
US BANK**

17.1.

\$150.00**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

2019 TAX REFUND PRO RATA

FEDERAL

\$6,823.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$6,973.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$11,575.00	
57. Part 3: Total personal and household items, line 15	\$6,500.00	
58. Part 4: Total financial assets, line 36	\$6,973.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$25,048.00	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$25,048.00

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND		
	First Name	Middle Name	Last Name
Debtor 2	TRACEY RENEE HOLLAND		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2016 HYUNDAI ELANTRA 80,000 APPROX. miles REAFFIRM WITH AMERICAN CAR CENTER Line from <i>Schedule A/B</i> : 3.1	\$11,575.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
LIVING ROOM \$500, KITCHEN TABLE \$100, BEDROOM #2 \$200, W/D \$400, SMALL APPLIANCES \$100, LINENS AND TOWELS \$100, GLASSWARE AND DISHES \$100, POTS AND PANS \$100, VACUUM \$200, FLATWARE \$50 Line from <i>Schedule A/B</i> : 6.1	\$1,850.00	<input checked="" type="checkbox"/> \$1,850.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
BEDROOM SET WITH CONN'S APPLIANCES, INC (OVER 5 YEARS OLD) REDEEM-CONN'S Line from <i>Schedule A/B</i> : 6.2	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103

Debtor 1 **MICHAEL KEITH HOLLAND**
Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
(1) BOX TV (STARTED DOING BUSINESS MANY YEARS AGO AND THIS IS ALL HE REMEMBRES PLEDGING AS COLLATERAL) WORLD FINANCE Line from <i>Schedule A/B</i> : 6.3	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
(3)TVS \$400, MISC ELECTRONICS \$100, (3) SMART CELL PHONES \$600, COMPUTER AND ACCESSORIES \$500 (PURCHASED FOR DAUGHTER'S SCHOOLING RESEARCH), (1) IPAD \$200 Line from <i>Schedule A/B</i> : 7.1	\$1,800.00	<input checked="" type="checkbox"/> \$1,800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
NECESSARY CLOTHING Line from <i>Schedule A/B</i> : 11.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-104
CLOTHING FOR BOTH Line from <i>Schedule A/B</i> : 11.2	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-104
WEDDING SET \$1000 AND HUSBAND WEDDING BAND \$300 Line from <i>Schedule A/B</i> : 12.1	\$1,300.00	<input checked="" type="checkbox"/> \$1,300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
1 SHIHTZU Line from <i>Schedule A/B</i> : 13.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
CHECKING ACCOUNT WITH US BANK Line from <i>Schedule A/B</i> : 17.1	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
FEDERAL: 2019 TAX REFUND PRO RATA Line from <i>Schedule A/B</i> : 28.1	\$6,823.00	<input checked="" type="checkbox"/> \$6,823.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND		
	First Name	Middle Name	Last Name
Debtor 2	TRACEY RENEE HOLLAND		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 AMERICAN CAR CENTER

Creditor's Name

Describe the property that secures the claim:
**2016 HYUNDAI ELANTRA 80,000
 APPROX. miles
 REAFFIRM WITH AMERICAN CAR
 CENTER**

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$19,933.00	\$11,575.00	\$8,358.00

**3798 PARK AVENUE
 Memphis, TN 38111-6649**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Purchase Money Security**

Date debt was incurred **04/1/2018**Last 4 digits of account number **NA**

Debtor 1 **MICHAEL KEITH HOLLAND**
First Name Middle Name Last Name

Case number (if known) _____

Debtor 2 **TRACEY RENEE HOLLAND**
First Name Middle Name Last Name**2.2 CONN'S APPLIANCES, INC**

Creditor's Name

**PO BOX 2356
Beaumont, TX
77704-2356**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**BEDROOM SET WITH CONN'S
APPLIANCES, INC (OVER 5 YEARS
OLD)
REDEEM-CONN'S****\$2,976.00****\$200.00****\$2,776.00**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Non-Purchase Money Security**Who owes the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred **08/11/2014**Last 4 digits of account number **XXXX****2.3 WORLD FINANCE**

Creditor's Name

**PO BOX 6429
Greenville, SC 29606**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**(1) BOX TV (STARTED DOING
BUSINESS MANY YEARS AGO AND
THIS IS ALL HE REMEMBRES
PLEDGING AS COLLATERAL)
WORLD FINANCE****\$1,956.00****\$50.00****\$1,906.00**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Non-Purchase Money Security**Who owes the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred **5/7/2019**Last 4 digits of account number **XXXX**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$24,865.00

If this is the last page of your form, add the dollar value totals from all pages.

\$24,865.00

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.



Name, Number, Street, City, State & Zip Code

Sequium Asset Solutions, LLC**RE: Charter Communications****1130 Northchase Parkway, Suite 150****Marietta, GA 30067**On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND		
	First Name	Middle Name	Last Name
Debtor 2	TRACEY RENEE HOLLAND		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF TENNESSEE</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	TN CHILD SUPPORT	Last 4 digits of account number	\$0.00	\$0.00
	Priority Creditor's Name			
	400 DEADRICK STREET 7TH FLOOR NASHVILLE, TN 37248	When was the debt incurred?		
	Number Street City State Zip Code			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Domestic support obligations		
	Is the claim subject to offset?	<input type="checkbox"/> Taxes and certain other debts you owe the government		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify	CHILD SUPPORT OWED TO JOINT DEBTOR NOTICE ONLY	

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

2.2	TRACEY STEPHENS Priority Creditor's Name 124 AGEE CIRCLE EAST Hendersonville, TN 37075 Number Street City State Zip Code	Last 4 digits of account number	\$303.98	\$0.00	\$303.98
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
JOINT DEBTOR IS STILL RECEIVING CHILD SUPPORT FROM DEBTOR FROM PRIOR SEPARATION TOTAL OWED \$4000					

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim		
4.1	AD ASTRA RECOVERY SERVICE Nonpriority Creditor's Name 7330 W 33RD ST NSTE 118 Wichita, KS 67205 Number Street City State Zip Code	Last 4 digits of account number	453X	\$1,023.00
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
COLLECTION FOR CASH ADVANCE <input checked="" type="checkbox"/> Other. Specify SPEEDY CASH				

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.2	ADS/COMENITY/ULTA MC Nonpriority Creditor's Name PO BOX 182120 COLUMBUS, OH 43218 Number Street City State Zip Code	Last 4 digits of account number XXXX \$0.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify CC NOTICE ONLY		
4.3	ALLIED INTERSTATE Nonpriority Creditor's Name PO BOX 19326 MINNEAPOLIS, MN 55419 Number Street City State Zip Code	Last 4 digits of account number 7012 \$135.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify COLLECTION FOR FIFTH THIRD		
4.4	BAY AREA CREDIT SERVICE Nonpriority Creditor's Name RE: OLD HICKORY LANE EMERG PO BOX 467600 Atlanta, GA 31146 Number Street City State Zip Code	Last 4 digits of account number NA \$23.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify MEDICAL		

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

<div style="border: 1px solid black; padding: 2px;">4.5</div>	<p>BUSINESS REVENUE SYSTEMS Nonpriority Creditor's Name PO BOX 579 Burlington, IA 52601-0579 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1189</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL</p>	<p>\$729.00</p>
<div style="border: 1px solid black; padding: 2px;">4.6</div>	<p>CAPIO PARTNERS Nonpriority Creditor's Name 2222 TEXOMA PARKWAY SUITE 150 Sherman, TX 75090 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4156</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION MEDICAL</p>	<p>\$240.00</p>
<div style="border: 1px solid black; padding: 2px;">4.7</div>	<p>CARSON SMITHFIELD, LLC Nonpriority Creditor's Name RE: MERRICK BANK PO BOX 9216 Old Bethpage, NY 11804 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0227</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CC</p>	<p>\$784.00</p>

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.8	CASH CITY Nonpriority Creditor's Name 214 GALLATIN PIKE S Madison, TN 37115 Number Street City State Zip Code	Last 4 digits of account number NA	\$896.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify CASH ADVANCE _____			
4.9	CASH LOANS Nonpriority Creditor's Name 310 CHURCH STREET NASHVILLE, TN 37201-1702 Number Street City State Zip Code	Last 4 digits of account number 0XXX	\$1,675.00
When was the debt incurred? 04/2013			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify CASH ADVANCE _____			
4.10	CAVALRY SPV I, LLC Nonpriority Creditor's Name 5109 S. BROADBAND LANE Sioux Falls, SD 57108-3330 Number Street City State Zip Code	Last 4 digits of account number 5100	\$461.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify CC _____			

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

<div style="border: 1px solid black; padding: 2px;">4.11</div> <p>CHECK INTO CASH Nonpriority Creditor's Name 4696 LEBANON PIKE, SUITE 30 Hermitage, TN 37076 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8XXX \$1,259.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>
<div style="border: 1px solid black; padding: 2px;">4.12</div> <p>CHILDREN & ADULT MEDICAL GROUP Nonpriority Creditor's Name P O BOX 504455 SAINT LOUIS, MO 63150 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 7685 \$20.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL</p>	
<div style="border: 1px solid black; padding: 2px;">4.13</div> <p>CLEARVIEW HOLDING Nonpriority Creditor's Name 3901 SOUTH LAMAR ST. Dallas, TX 75215 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number NA \$500.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify LOAN</p>	

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.14	COVINGTON CREDIT Nonpriority Creditor's Name PO BOX 5070 Southfield, MI 48086 Number Street City State Zip Code	Last 4 digits of account number XXXX	\$1,161.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify NOTE/LOAN _____			
4.15 CREDIT ACCEPTANCE CORP Nonpriority Creditor's Name P O BOX 5070 Southfield, MI 48086-5070 Number Street City State Zip Code			
Last 4 digits of account number 7509			
\$4,555.00			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify AUTO DEFFICIENCY _____			
4.16 CREDIT CONTROL Nonpriority Creditor's Name 5757 PHANTOM DRIVE, SUITE 330 Hazelwood, MO 63042 Number Street City State Zip Code			
Last 4 digits of account number 3630			
\$607.00			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify COLLECTION CC _____			

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.17	CREDIT MANAGEMENT Nonpriority Creditor's Name RE: COMCAST 6080 TENNYSON PARKWAY, SUITE 100 Plano, TX 75024 Number Street City State Zip Code	Last 4 digits of account number XXXX When was the debt incurred? _____	\$618.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTON FOR COMCAST			
CREDIT ONE BANK Nonpriority Creditor's Name PO BOX 98875 Las Vegas, NV 89193-8872 Number Street City State Zip Code		Last 4 digits of account number XXXX When was the debt incurred? _____	\$590.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CC			
CWS/CW NEXUS Nonpriority Creditor's Name PO BOX 9201 Old Bethpage, NY 11804 Number Street City State Zip Code		Last 4 digits of account number XXXX When was the debt incurred? _____	\$783.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CC			

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.20	DYNAMIC RECOVERY SOLUTIONS Nonpriority Creditor's Name RE: OLD HICKORY LANE EMER. PHY 135 INTERSTATE BLVD. Greenville, SC 29615 Number Street City State Zip Code	Last 4 digits of account number ALL When was the debt incurred?	\$662.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL			
4.21	EMC of Nashville Inc Nonpriority Creditor's Name PO Box 3490 Clarksville, TN 37043 Number Street City State Zip Code	Last 4 digits of account number 2150 When was the debt incurred?	\$33.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL			
4.22	First Federal Credit Control Nonpriority Creditor's Name Re: ASSOC. OF MIDDLE TN PALLERGY 24700 Chagrin Blvd, STE 205 Beachwood, OH 44122-5662 Number Street City State Zip Code	Last 4 digits of account number 56XX When was the debt incurred?	\$210.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION MEDICAL			

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.23	FIRST FINANCE COMPANY Nonpriority Creditor's Name 310 CHURCH STREET Nashville, TN 37201 Number Street City State Zip Code	Last 4 digits of account number NA \$300.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify LOAN _____		
<hr/>		
4.24	Fox Collection Nonpriority Creditor's Name 456 Moss Trail Goodlettsville, TN 37072 Number Street City State Zip Code	Last 4 digits of account number XXXX \$451.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify COLLECTION GOLD SKIN CARE _____		
<hr/>		
4.25	FREEDOM CASH Nonpriority Creditor's Name 2726 Mission Rancheria Rd Lakeport, CA 95453 Number Street City State Zip Code	Last 4 digits of account number NA \$800.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

<p>4.26</p> <p>GLOBLE MEDIATION Nonpriority Creditor's Name 6000 NORTH BAILEY AVENUE SUITE 2C Buffalo, NY 14226 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number NA \$500.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify LOAN</p>
<p>4.27</p> <p>GREEN POINTE Nonpriority Creditor's Name NA Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 5279 \$75.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify LOAN</p>	
<p>4.28</p> <p>HIGHLINE LABS, LLC Nonpriority Creditor's Name 5900 NORTHWOODS BUSINESS PKWY STE K Charlotte, NC 28269-5747 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 5279 \$75.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL</p>	

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

<p>4.29</p> <p>IC System Inc Nonpriority Creditor's Name PO Box 64378 Saint Paul, MN 55164 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>XXXX</u> \$1,360.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>COLLECTION FOR ATT</u></p>
<p>4.30</p> <p>LOAN PLACE Nonpriority Creditor's Name 2255 Killearn Center Blvd Tallahassee, FL 32309 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>NA</u> \$750.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>LOAN</u></p>
<p>4.31</p> <p>LOCA LOANS Nonpriority Creditor's Name 321 WEST AVENUE Cedartown, GA 30125 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>NA</u> \$750.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>LOAN</u></p>

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

<div style="border: 1px solid black; padding: 2px;">4.32</div>	<p>MERIDIAN Nonpriority Creditor's Name 450 SOUTH MERIDIAN RD. #35 Meridian, ID 83642 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$600.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify LOAN</p>
<div style="border: 1px solid black; padding: 2px;">4.33</div>	<p>MIDDLE TENNESSEE IMAGING Nonpriority Creditor's Name PO BOX 249 GOODLETTSVILLE, TN 37070-0249 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6863 \$254.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL</p>
<div style="border: 1px solid black; padding: 2px;">4.34</div>	<p>MONEYLION INC Nonpriority Creditor's Name PO BOX 1547 Sandy, UT 84091 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number XXXX \$300.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.35	NATIONAL CREDIT ADJUSTERS Nonpriority Creditor's Name DEPT 835 PO BOX 4115 Concord, CA 94524	Last 4 digits of account number 2866	\$1,476.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify FOR CASHNET _____			
4.36 NAVIENT Nonpriority Creditor's Name P O BOX 9500 Wilkes Barre, PA 18773			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number 64XX;UNTS \$3,063.00			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify STUDENT LOAN _____			
4.37 NMRC Nonpriority Creditor's Name 5944 CORAL RIDGE DRIVE, SUITE 204 CORAL SPRINGS, FL 33076			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number 5459 \$1,676.00			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify COLLECTION FOR SPOTLOAN.COM _____			

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.38

NPAS

Nonpriority Creditor's Name

**RE: HENDERSONVILLE MEDICAL
 CENTER
 PO BOX 2248
 Maryland Heights, MO 63043-1048**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

**ALL
 ACCOUNTS****\$36.23**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL**

4.39

OVERLAND

Nonpriority Creditor's Name

**10654 WEST OVERLAND RD.
 Boise, ID 83709**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$500.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **LOAN**

4.40

PENDRICK CAPITAL PARTNERS

Nonpriority Creditor's Name

**PO BOX 361450
 Indianapolis, IN 46236-1450**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

**ALL
 ACCOUNTS****\$512.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL**

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

<div style="border: 1px solid black; padding: 2px;">4.41</div>	<p>PHOENIX FINANCIAL SERVICE Nonpriority Creditor's Name PO BOX 361450 Indianapolis, IN 46236 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number XXXX \$511.00</p> <p>When was the debt incurred? 7/3/19</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION MEDICAL</p>
<div style="border: 1px solid black; padding: 2px;">4.42</div>	<p>Premier Radiology Nonpriority Creditor's Name PO Box 249 Goodlettsville, TN 37070 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3620 \$210.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL</p>
<div style="border: 1px solid black; padding: 2px;">4.43</div>	<p>PROGRESSIVE LEASING Nonpriority Creditor's Name 256 WEST DATA DRIVE Draper, UT 84020 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number NA \$1,717.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

<div style="border: 1px solid black; padding: 2px;">4.44</div> <p>READY SET GO Nonpriority Creditor's Name 708 GLEN OAKS DRIVE Mount Juliet, TN 37122 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number NA \$900.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify LOAN</p>
<div style="border: 1px solid black; padding: 2px;">4.45</div> <p>ROBINSON REAGAN AND YOUNG Nonpriority Creditor's Name 446 JAMES ROBERTSON PKWY SUITE 200 Nashville, TN 37219 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8800 \$330.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NASH. ELECTRIC SERVICE</p>
<div style="border: 1px solid black; padding: 2px;">4.46</div> <p>SAINT THOMAS Nonpriority Creditor's Name PO BOX 42008 Phoenix, AZ 85080-2008 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number ALL ACCOUNTS \$20.28</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL</p>

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.47 **SAINT THOMAS HOSPITAL** \$1,100.00

Nonpriority Creditor's Name
PO BOX 501052
Saint Louis, MO 63150-1052

Number Street City State Zip Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **2150** When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL**

4.48 **SAINT THOMAS MEDICAL PARTNERS** \$27.20

Nonpriority Creditor's Name
P O BOX 14099
Belfast, ME 04915

Number Street City State Zip Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **ALL ACCOUNTS** When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL**

4.49 **SECURITY FINANCE** \$1,270.00

Nonpriority Creditor's Name
PO BOX 3146
Spartanburg, SC 29304

Number Street City State Zip Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **9498** When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **NOTE/LOAN**

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.50	SUN LOAN Nonpriority Creditor's Name 620 GALLATIN PIKE Madison, TN 37115 Number Street City State Zip Code	Last 4 digits of account number XXXX	\$69.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify NOTE/LOAN _____			
4.51	SYNCB/CAR CARE DISC TIRE Nonpriority Creditor's Name PO BOX 965036 Orlando, FL 32896-5036 Number Street City State Zip Code	Last 4 digits of account number XXXX	\$671.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify CC _____			
4.52	TENNESSEE QUICK CASH, INC. Nonpriority Creditor's Name C/O BARRY J. GAMMONS P.O. BOX 330610 NASHVILLE, TN 37203 Number Street City State Zip Code	Last 4 digits of account number 3590	\$750.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify CASH ADVANCE _____			

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.53

Tennessee Title Loans Nonpriority Creditor's Name 626 West Maine Hendersonville, TN 37075 Number Street City State Zip Code	Last 4 digits of account number NA	\$500.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify CASH ADVANCE		

4.54

THE LITTLE CLINIC Nonpriority Creditor's Name 2620 ELM HILL PK NASHVILLE, TN 37214 Number Street City State Zip Code	Last 4 digits of account number ALL ACCOUNTS	\$23.86
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify MEDICAL		

4.55

VANDERBILT CHILDREN'S HOSPITAL Nonpriority Creditor's Name PO BOX 121171, DEPT 1171 Dallas, TX 75312 Number Street City State Zip Code	Last 4 digits of account number ALL ACCOUNTS	\$652.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify MEDICAL		

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.56

Vanderbilt Childrens Hospital

Nonpriority Creditor's Name

**2135 Blakemore Avenue
Nashville, TN 37212**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

**ALL
ACCOUNTS****\$414.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL**

4.57

VANDERBILT MEDICAL GROUP

Nonpriority Creditor's Name

**DEPT AT 40211
Atlanta, GA 31192**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

**ALL
ACCOUNTS****\$119.73****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL**

4.58

VANDERBILT UNIVERSITY

Nonpriority Creditor's Name

**719 THOMPSON LANE SUITE
#30330****Nashville, TN 37204**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

**ALL
ACCOUNTS****\$1,191.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL**

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

4.59	WEBBANK/FINGERHUT Nonpriority Creditor's Name 6250 RIDGEWOOD ROAD SAINT CLOUD, MN 56303 Number Street City State Zip Code	Last 4 digits of account number XXXX	\$502.00
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify CC	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Affiliated Creditors, Inc.
RE: Vanderbilt and Saint Thomas
POB 148240
Nashville, TN 37214

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
CASHNET USA
175 WEST JACKSON BLVD
SUITE 1000
Chicago, IL 60604

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **7562**

Name and Address
CONVERGENT OUTSOURCING
800 SW 39TH STREET
Renton, WA 98057

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
FINANCIAL RECOVERY SERVICES, INC.
PO BOX 385908
Minneapolis, MN 55438-5908

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
NAB
PO BOX 1022
Wixom, MI 48393-1022

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.58 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
R1 MEDICAL FINANCIAL SOLUTIONS
ATTN: AHI013
PO BOX 42008
Phoenix, AZ 85080-2008

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.47 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
R1 MEDICAL FINANCIAL SOLUTIONS

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one): Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

**ATTN: AHI013
 PO BOX 42008
 Phoenix, AZ 85080-2008**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**REV-1 SOLUTIONS COLLECTION
 RE ST. THOMAS
 517 US HIGHWAY 31 N
 Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**SYNCHRONY BANK
 ATTN: BANKRUPTCY DEPT.
 PO BOX 965061
 Orlando, FL 32896-5061**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.51** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**TATE, KIRLIN ASSOCIATES, INC.
 SUITE 240
 580 MIDDLETOWN BLVD.
 Langhorne, PA 19047**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**VANDERBILT CHILDREN'S
 HOSPITAL
 719 THOMPSON LANE, SUITE 30860
 NASHVILLE, TN 37204**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 303.98
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 303.98
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 41,845.30
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 41,845.30

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND		
	First Name	Middle Name	Last Name
Debtor 2	TRACEY RENEE HOLLAND		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			
Name _____			
Number	Street _____		
City	State	ZIP Code _____	
2.2			
Name _____			
Number	Street _____		
City	State	ZIP Code _____	
2.3			
Name _____			
Number	Street _____		
City	State	ZIP Code _____	
2.4			
Name _____			
Number	Street _____		
City	State	ZIP Code _____	
2.5			
Name _____			
Number	Street _____		
City	State	ZIP Code _____	

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND		
	First Name	Middle Name	Last Name
Debtor 2	TRACEY RENEE HOLLAND		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____
City _____

Street _____

State _____

ZIP Code _____

3.2

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____
City _____

Street _____

State _____

ZIP Code _____

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND
Debtor 2 (Spouse, if filing)	TRACEY RENEE HOLLAND
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE
Case number (if known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	CUSTOMER ASSISTANT MANAGER	
Employer's name	LYFT	
Employer's address	2300 26TH STREET SAN FRANCISCO, CA 94107	
How long employed there?	4.5 YEARS	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 2,755.04	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 50.65	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 2,805.69	\$ 0.00

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 2,805.69	\$ 0.00

5. List all payroll deductions:

5a. **Tax, Medicare, and Social Security deductions**
 5b. **Mandatory contributions for retirement plans**
 5c. **Voluntary contributions for retirement plans**
 5d. **Required repayments of retirement fund loans**
 5e. **Insurance**
 5f. **Domestic support obligations**
 5g. **Union dues**
 5h. **Other deductions.** Specify: _____

5a.	\$ 468.56	\$ 0.00
5b.	\$ 0.00	\$ 0.00
5c.	\$ 0.00	\$ 0.00
5d.	\$ 0.00	\$ 0.00
5e.	\$ 69.33	\$ 0.00
5f.	\$ 303.98	\$ 0.00
5g.	\$ 43.63	\$ 0.00
5h.+	\$ 0.00	+ \$ 0.00

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ **885.50** \$ **0.00**

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ **1,920.19** \$ **0.00**

8. List all other income regularly received:

8a. **Net income from rental property and from operating a business, profession, or farm**
 Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8b. **Interest and dividends**

8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**
 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8d. **Unemployment compensation**

8e. **Social Security**

8f. **Other government assistance that you regularly receive**
 Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.
 Specify: _____

8g. **Pension or retirement income**

8h. **Other monthly income.** Specify: **CHILDS SSI**

8a.	\$ 0.00	\$ 0.00
8b.	\$ 0.00	\$ 0.00
8c.	\$ 0.00	\$ 303.98
8d.	\$ 0.00	\$ 0.00
8e.	\$ 0.00	\$ 1,177.00

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ **0.00** \$ **2,068.98**

10. Calculate monthly income. Add line 7 + line 9.

10. \$ **1,920.19** + \$ **2,068.98** = \$ **3,989.17**

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. +\$ **0.00**12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies12. \$ **3,989.17**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

 No. Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND
Debtor 2	TRACEY RENEE HOLLAND
(Spouse, if filing)	
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,200.00

Your expenses

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>0.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>0.00</u>

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$ <u>245.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>110.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>300.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>

7. Food and housekeeping supplies

8. Childcare and children's education costs	7. \$ <u>750.00</u>
9. Clothing, laundry, and dry cleaning	8. \$ <u>50.00</u>

10. Personal care products and services

11. Medical and dental expenses	9. \$ <u>100.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	10. \$ <u>100.00</u>

13. Entertainment, clubs, recreation, newspapers, magazines, and books

14. Charitable contributions and religious donations	11. \$ <u>160.00</u>
15. Insurance.	12. \$ <u>265.00</u>

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>105.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____ 16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$ <u>434.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**19. Other payments you make to support others who do not live with you.**

Specify: _____ \$ 0.00

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

21. Other: Specify: PET CARE/FOOD/VET

PRO RATA TAGS/RENEWAL	21. +\$ <u>50.00</u>
TOBACCO	+\$ <u>15.00</u>
	+\$ <u>55.00</u>

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ <u>3,989.00</u>
\$ <u>3,989.00</u>
\$ <u>3,989.00</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23a. \$ <u>3,989.17</u>
23b. -\$ <u>3,989.00</u>

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ <u>0.17</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND		
	First Name	Middle Name	Last Name
Debtor 2	TRACEY RENEE HOLLAND		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ **MICHAEL KEITH HOLLAND**

MICHAEL KEITH HOLLAND

Signature of Debtor 1

Date September 16, 2019

X /s/ **TRACEY RENEE HOLLAND**

TRACEY RENEE HOLLAND

Signature of Debtor 2

Date September 16, 2019

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND	
	First Name	Middle Name
Debtor 2	TRACEY RENEE HOLLAND	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE	
Case number (if known)		

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:**Dates Debtor 1
lived there****Debtor 2 Prior Address:****Dates Debtor 2
lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$20,134.27
		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

Debtor 1 **MICHAEL KEITH HOLLAND**
Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$26,511.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$25,657.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed on line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$0.00	Social Security Benefits	\$14,120.00
For last calendar year: (January 1 to December 31, 2018)		\$0.00	Social Security Benefits	\$13,740.00
For the calendar year before that: (January 1 to December 31, 2017)		\$0.00	Social Security Benefits	\$13,476.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
------------------------------------	-------------------------	--------------------------	-----------------------------	---------------------------------

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
RENT	JULY, AUGUST, AND SEPTEMBER MONTH TO MONTH RENT	\$1,200.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>MONTHLY RENTAL OBLIGATION</u>

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
TENNESSEE QUICK CASH, INC. VS. MICHAEL HOLLAND 2019-CV-3590	CIVIL	SUMNER COUNTY GENERAL SESSIONS CRT CLERK PO BOX 549 GALLATIN, TN 37066	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
 Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount taken
---------------------------	---------------------------------------	-----------------------	--------------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	-------------------------------	-----------------------	-------

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
--	---	-------------------	------------------------

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
ALLEN CREDIT COUNSELING 20003 387th Avenue Wolsey, SD 57384	CREDIT COUNSELING	9/12/2019	\$20.00

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known)

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address Email or website address Person Who Made the Payment, if Not You ROEHRIG & BHELA, LLC 115 PUBLIC SQUARE GALLATIN, TN 37066	ATTORNEY FEES \$300.00	9/11/2019	\$300.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Address Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)

Debtor 1 **MICHAEL KEITH HOLLAND**
 Debtor 2 **TRACEY RENEE HOLLAND**

Case number (if known) _____

A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name
 Address
 (Number, Street, City, State and ZIP Code)

Describe the nature of the business
 Name of accountant or bookkeeper

Employer Identification number
 Do not include Social Security number or ITIN.
 Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name
 Address
 (Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **MICHAEL KEITH HOLLAND**
MICHAEL KEITH HOLLAND
 Signature of Debtor 1

/s/ **TRACEY RENEE HOLLAND**
TRACEY RENEE HOLLAND
 Signature of Debtor 2

Date September 16, 2019

Date September 16, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	MICHAEL KEITH HOLLAND		
	First Name	Middle Name	Last Name
Debtor 2	TRACEY RENEE HOLLAND		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE			
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: AMERICAN CAR CENTER	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2016 HYUNDAI ELANTRA 80,000 APPROX. miles REAFFIRM WITH AMERICAN CAR CENTER		
Creditor's name: CONN'S APPLIANCES, INC	<input type="checkbox"/> Surrender the property. <input checked="" type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: BEDROOM SET WITH CONN'S APPLIANCES, INC (OVER 5 YEARS OLD) REDEEM-CONN'S		
Creditor's name: WORLD FINANCE	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of debt: (1) BOX TV (STARTED DOING		

Debtor 1 **MICHAEL KEITH HOLLAND**
Debtor 2 **TRACEY RENEE HOLLAND**

Case number (*if known*)

property securing debt:	BUSINESS MANY YEARS AGO AND THIS IS ALL HE REMEMBRES PLEDGING AS COLLATERAL) WORLD FINANCE	■ Retain the property and [explain]: avoid lien using 11 U.S.C. § 522(f)
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Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ MICHAEL KEITH HOLLAND
MICHAEL KEITH HOLLAND
Signature of Debtor 1

X /s/ TRACEY RENEE HOLLAND
TRACEY RENEE HOLLAND
Signature of Debtor 2

Date **September 16, 2019**

Date **September 16, 2019**

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
	\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	<u>administrative fee</u>
<hr/>	
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	<u>administrative fee</u>
<hr/>	
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: <http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Middle District of Tennessee

In re **MICHAEL KEITH HOLLAND**
TRACEY RENEE HOLLAND

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 300.00
Prior to the filing of this statement I have received	\$ 300.00
Balance Due	\$ 0.00

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. [Other provisions as needed]

Exemption Planning.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Negotiations with secured creditors to reduce to market value; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

DEBTOR SHALL HIRE COUNSEL FOR POST-PETITION SERVICES AND SIGN A POST-PETITION CONTRACT FOR \$600 OR PROCEED PRO SE.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 16, 2019

Date

/s/ MATTIE BHELA

MATTIE BHELA 022680

Signature of Attorney

ROEHRIG AND BHELA, LLC

115 PUBLIC SQUARE

GALLATIN, TN 37066

615-452-9400 Fax: 615-452-4159

roehrigassociates@comcast.net

Name of law firm

United States Bankruptcy Court
Middle District of Tennessee

In re **MICHAEL KEITH HOLLAND**
TRACEY RENEE HOLLAND

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **September 16, 2019**

/s/ MICHAEL KEITH HOLLAND

MICHAEL KEITH HOLLAND

Signature of Debtor

Date: **September 16, 2019**

/s/ TRACEY RENEE HOLLAND

TRACEY RENEE HOLLAND

Signature of Debtor

MICHAEL KEITH HOLLAND
124 AGEE CIRCLE E
HENDERSONVILLE TN 37075

TRACEY RENEE HOLLAND
124 AGEE CIRCLE E
HENDERSONVILLE TN 37075

MATTIE BHELA
ROEHRIG AND BHELA, LLC
115 PUBLIC SQUARE
GALLATIN, TN 37066

AD ASTRA RECOVERY SERVICE
7330 W 33RD ST NSTE 118
WICHITA KS 67205

ADS/COMENITY/ULTA MC
PO BOX 182120
COLUMBUS OH 43218

AFFILIATED CREDITORS, INC.
RE: VANDERBILT AND SAINT THOMAS
POB 148240
NASHVILLE TN 37214

ALLIED INTERSTATE
PO BOX 19326
MINNEAPOLIS MN 55419

AMERICAN CAR CENTER
3798 PARK AVENUE
MEMPHIS TN 38111-6649

BAY AREA CREDIT SERVICE
RE: OLD HICKORY LANE EMERG
PO BOX 467600
ATLANTA GA 31146

BUSINESS REVENUE SYSTEMS
PO BOX 579
BURLINGTON IA 52601-0579

CAPIO PARTNERS
2222 TEXOMA PARKWAY
SUITE 150
SHERMAN TX 75090

CARSON SMITHFIELD, LLC
RE: MERRICK BANK
PO BOX 9216
OLD BETHPAGE NY 11804

CASH CITY
214 GALLATIN PIKE S
MADISON TN 37115

CASH LOANS
310 CHURCH STREET
NASHVILLE TN 37201-1702

CASHNET USA
175 WEST JACKSON BLVD
SUITE 1000
CHICAGO IL 60604

CAVALRY SPV I, LLC
5109 S. BROADBAND LANE
SIOUX FALLS SD 57108-3330

CHECK INTO CASH
4696 LEBANON PIKE, SUITE 30
HERMITAGE TN 37076

CHILDREN & ADULT MEDICAL GROUP
P O BOX 504455
SAINT LOUIS MO 63150

CLEARVIEW HOLDING
3901 SOUTH LAMAR ST.
DALLAS TX 75215

CONN'S APPLIANCES, INC
PO BOX 2356
BEAUMONT TX 77704-2356

CONVERGENT OUTSOURCING
800 SW 39TH STREET
RENTON WA 98057

COVINGTON CREDIT
PO BOX 5070
SOUTHFIELD MI 48086

CREDIT ACCEPTANCE CORP
P O BOX 5070
SOUTHFIELD MI 48086-5070

CREDIT CONTROL
5757 PHANTOM DRIVE, SUITE 330
HAZELWOOD MO 63042

CREDIT MANAGEMENT
RE: COMCAST
6080 TENNYSON PARKWAY, SUITE 100
PLANO TX 75024

CREDIT ONE BANK
PO BOX 98875
LAS VEGAS NV 89193-8872

CWS/CW NEXUS
PO BOX 9201
OLD BETHPAGE NY 11804

DYNAMIC RECOVERY SOLUTIONS
RE: OLD HICKORY LANE EMER. PHY
135 INTERSTATE BLVD.
GREENVILLE SC 29615

EMC OF NASHVILLE INC
PO BOX 3490
CLARKSVILLE TN 37043

FINANCIAL RECOVERY SERVICES, INC.
PO BOX 385908
MINNEAPOLIS MN 55438-5908

FIRST FEDERAL CREDIT CONTROL
RE: ASSOC. OF MIDDLE TN PALLERGY
24700 CHAGRIN BLVD, STE 205
BEACHWOOD OH 44122-5662

FIRST FINANCE COMPANY
310 CHURCH STREET
NASHVILLE TN 37201

FOX COLLECTION
456 MOSS TRAIL
GOODLETTSVILLE TN 37072

FREEDOM CASH
2726 MISSION RANCHERIA RD
LAKEPORT CA 95453

GLOBLE MEDIATION
6000 NORTH BAILEY AVENUE
SUITE 2C
BUFFALO NY 14226

GREEN POINTE
NA

HIGHLINE LABS, LLC
5900 NORTHWOODS BUSINESS PKWY STE K
CHARLOTTE NC 28269-5747

IC SYSTEM INC
PO BOX 64378
SAINT PAUL MN 55164

LOAN PLACE
2255 KILLEARN CENTER BLVD
TALLAHASSEE FL 32309

LOCA LOANS
321 WEST AVENUE
CEDARTOWN GA 30125

MERIDIAN
450 SOUTH MERIDIAN RD. #35
MERIDIAN ID 83642

MIDDLE TENNESSEE IMAGING
PO BOX 249
GOODLETTSVILLE TN 37070-0249

MONEYLION INC
PO BOX 1547
SANDY UT 84091

NAB
PO BOX 1022
WIXOM MI 48393-1022

NATIONAL CREDIT ADJUSTERS
DEPT 835
PO BOX 4115
CONCORD CA 94524

NAVIENT
P O BOX 9500
WILKES BARRE PA 18773

NMRC
5944 CORAL RIDGE DRIVE, SUITE 204
CORAL SPRINGS FL 33076

NPAS
RE: HENDERSONVILLE MEDICAL CENTER
PO BOX 2248
MARYLAND HEIGHTS MO 63043-1048

OVERLAND
10654 WEST OVERLAND RD.
BOISE ID 83709

PENDRICK CAPITAL PARTNERS
PO BOX 361450
INDIANAPOLIS IN 46236-1450

PHOENIX FINANCIAL SERVICE
PO BOX 361450
INDIANAPOLIS IN 46236

PREMIER RADIOLOGY
PO BOX 249
GOODLETTSVILLE TN 37070

PROGRESSIVE LEASING
256 WEST DATA DRIVE
DRAPER UT 84020

R1 MEDICAL FINANCIAL SOLUTIONS
ATTN: AHI013
PO BOX 42008
PHOENIX AZ 85080-2008

READY SET GO
708 GLEN OAKS DRIVE
MOUNT JULIET TN 37122

REV-1 SOLUTIONS COLLECTION
RE ST. THOMAS
517 US HIGHWAY 31 N
GREENWOOD IN 46142

ROBINSON REAGAN AND YOUNG
446 JAMES ROBERTSON PKWY
SUITE 200
NASHVILLE TN 37219

SAINT THOMAS
PO BOX 42008
PHOENIX AZ 85080-2008

SAINT THOMAS HOSPITAL
PO BOX 501052
SAINT LOUIS MO 63150-1052

SAINT THOMAS MEDICAL PARTNERS
P O BOX 14099
BELFAST ME 04915

SECURITY FINANCE
PO BOX 3146
SPARTANBURG SC 29304

SEQUIUM ASSET SOLUTIONS, LLC
RE: CHARTER COMMUNICATIONS
1130 NORTHCHASE PARKWAY, SUITE 150
MARIETTA GA 30067

SUN LOAN
620 GALLATIN PIKE
MADISON TN 37115

SYNCB/CAR CARE DISC TIRE
PO BOX 965036
ORLANDO FL 32896-5036

SYNCHRONY BANK
ATTN: BANKRUPTCY DEPT.
PO BOX 965061
ORLANDO FL 32896-5061

TATE, KIRLIN ASSOCIATES, INC.
SUITE 240
580 MIDDLETON BLVD.
LANGHORNE PA 19047

TENNESSEE QUICK CASH, INC.
C/O BARRY J. GAMMONS
P.O. BOX 330610
NASHVILLE TN 37203

TENNESSEE TITLE LOANS
626 WEST MAINE
HENDERSONVILLE TN 37075

THE LITTLE CLINIC
2620 ELM HILL PK
NASHVILLE TN 37214

TN CHILD SUPPORT
400 DEADRICK STREET 7TH FLOOR
NASHVILLE TN 37248

TRACEY STEPHENS
124 AGEE CIRCLE EAST
HENDERSONVILLE TN 37075

VANDERBILT CHILDREN'S HOSPITAL
PO BOX 121171, DEPT 1171
DALLAS TX 75312

VANDERBILT CHILDREN'S HOSPITAL
719 THOMPSON LANE, SUITE 30860
NASHVILLE TN 37204

VANDERBILT CHILDRENS HOSPITAL
2135 BLAKEMORE AVENUE
NASHVILLE TN 37212

VANDERBILT MEDICAL GROUP
DEPT AT 40211
ATLANTA GA 31192

VANDERBILT UNIVERSITY
719 THOMPSON LANE SUITE #30330
NASHVILLE TN 37204

WEBBANK/FINGERHUT
6250 RIDGEWOOD ROAD
SAINT CLOUD MN 56303

WORLD FINANCE
PO BOX 6429
GREENVILLE SC 29606